

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90008 025 ***150.00

DOCUMENT # P96000009627
1. Entity Name
TAMARAC FOOD SALES, INC.

Principal Place of Business
FOOD SERVICE
5969 SW 21st
HOLLYWOOD, FL 33023

Mailing Address
C/O BLAKESBERG & COMPANY CPA
951 SW 4TH AVE
BOCA RATON, FL 33432-5803

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip **Country**

4. FEI Number
65-0661273

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
HAGEN, MAX N
3990 SHERIDAN STREET, STE 104
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** **Zip Code**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST WEISSMAN, MITCHEL 7551 BLACK OLIVE WAY TAMARAC, FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEISSMAN, MITCHELL 7551 BLACK OLIVE WAY TAMARAC, FL 33321	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *M. Mitchel Weissman* **7-25-2000** **954**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Licensee Name #

TAMARAC FOOD SALES, INC
7551 BLACK OLIVE WAY
TAMARAC, FL 33321

Attachment
D# DA6000009627
DW 78047

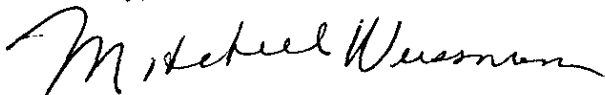
July 25, 2000 ..

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

To Whom It May Concern:

As of this date I have not yet received my annual report for 2000. Per my conversation with your office they have advised me to send a copy filled out with my check for \$150.00. Please see that my address is as shown for the future year filing. Thank you for your assistance with this matter.

Sincerely,



Mitchell Weissman,
President